

COMM 8970  
Graduate Project Completion Form  
*UNO School of Communication*

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Name: \_\_\_\_\_ NU Id#: \_\_\_\_\_

Department: School of Communication

Degree Sought: M.A.

Title of Project: \_\_\_\_\_

Project Supervisory Committee:

\_\_\_\_\_  
Name (Chairperson)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (2<sup>nd</sup> Reader)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

When form is completed, please return to: Graduate Program Chair, School of  
Communication